**GOVERNMENT OF ANDHRA PRADESH**

**ABSTRACT**

COVID-19 - Prevention, Control and Management in the Rural Areas of Andhra Pradesh State – Community Surveillance Protocol– Orders – Issued.

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**HEALTH, MEDICAL AND FAMILY WELFARE (B2) DEPARTMENT**

**G.O.Rt.No.229** **Dated:03.04.2020**

**Read the following:**

1) G.O.Rt.No. 189, HM&FW (B2) Dept., Dt.13.03.2020.
2) G.O.Rt.No. 202, HM&FW (B2) Dept., Dt.18.03.2020.
3) G.O.Rt.No. 204, HM&FW (B2) Dept., Dt.19.03.2020.
4) G.O.Rt.No. 209, HM&FW (B2) Dept., Dt.22.03.2020.
5) G.O.Rt.No. 210, HM&FW (B2) Dept., Dt.23.03.2020.
6) G.O.Rt.No. 211, HM&FW (B2) Dept., Dt.23.03.2020.
7) G.O.Rt.No. 215, HM&FW (B2) Dept., Dt.23.03.2020.
8) G.O.Rt.No. 216, HM&FW (B2) Dept., Dt.24.03.2020.
9) G.O.Rt.No. 218, HM&FW (B2) Dept., Dt.27.03.2020.
10) G.O.Rt.No. 219, HM&FW (B2) Dept., Dt. 27.03.2020.
11) G.O.Rt.No. 642, G.A(CABINET.I)Dept., Dt.27.03.2020.
12) G.O.Rt.No. 221, HM&FW (B2) Dept., Dt. 29.03.2020.
13) G.O.Ms.No. 50, HM&FW (B2) Dept., Dt. 29.03.2020.
14) GO MS No 224, HM&FW (B2) Dept; Dt. 31.03.2020

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**ORDER:**

Government has taken several measures to prevent, control, and manage the outbreak of COVID – 19 in the State of Andhra Pradesh. While the number of cases in the State has been increasing steadily at present, experiences from other countries reveal that community level surveillance is the key to control the spread of the infection.

**2.** In order to reinforce the management effectiveness of COVID-19 response in the rural areas of the State, the following orders are being issued for strict compliance by all concerned. These instructions can be customized for each rural area, with focus on Prevention, Control and Management of the pandemic effectively. Every Panchayat must prepare a micro-plan for immediate implementation.

**Public Health Management:**

**3.** While the potential threat of the pandemic requires all available human resources to be deployed, the surveillance system would have to be constituted, supervised, monitored, reported and actioned by the public health system. A two-level approach for effective surveillance and monitoring in the village areas shall be followed

3.1. The **first level surveillance** will be done by

3.1.1. The **"Primary Health Surveillance team" (PHST)** will be at the Sub-Center level comprising of all the Villages within the Sub Center area. The PHST will be headed by the ANM of the Sub Center supported by ANM/s of the village secretariat, ASHAs and Village volunteer/s of the village.

**(Contd...p.2)**

3.1.1.1 The entire SC area shall be divided between the ANM/ Village Secretariat ANM who shall do the monitoring.

3.1.1.2 The Village Volunteer shall go for the survey along with the ANM and ASHA of the village for surveillance.

3.1.1.3 Survey of every household in the jurisdiction will be done on a daily basis for surveillance of COVID 19 symptoms as well as do the required IEC campaign at the household level for educate about prevention and control.

3.1.1.4 The team will also provide information about the essential elements of "home isolation, social distancing, identification of early symptoms of infection, reporting of symptoms and contacts etc." to the families under their care.

3.1.2. All persons of COVID-19 Symptomatic cases as well as high risk households shall be visited by the team. They will immediately advise self-isolation at home by these households as per home isolation protocols issued. They will report to the Medical Officer (MO) of the PHC for second level surveillance.

3.2. The **Second Level Surveillance** will be at the level of the Primary Health Center

3.2.1. The **"Secondary Health and Surveillance Team"(SHST)**, will be headed by the Medical Officer of the Rural PHC along with Paramedical staff working under the PHC and One staff member of the Village Secretariat (preferably sanitation related) attached at the PHC. The SHST will visit all households marked by ANM and team in the PHST for the purpose of medical management of COVID-19 symptoms at the community level. If he considers it necessary, the sample collection of the suspect is arranged by the SHST. The SHST shall be provided vehicles for movement and monitoring accordingly for next 3 months till June 2020.

3.3. There shall be also be a **"Mandal level Health Monitoring Team (MHMT)"**which will monitor all PHCs within the Mandal area. The MHMT shall be headed by the MPDO who shall be assisted by a Senior Doctor deputed by the DMHO to the Mandal as well as the concernedSub inspector/CircleInspector of Police. They shall supervise the overall functioning of PHST/PHMT and SHST for implementation of various measures to prevent, control and manageCOVID-19.

**Surveillance Protocol**

**4.** The district collector shall ensure constitution of the survey and surveillance teams coupled with proactive participation of the community for effective surveillance, early detection of infected persons, close monitoring of high-risk persons (HRPs), quarantine and testing of suspected patients, contact tracing, containment etc.

**(Contd...p.3)**

The following information will be collected for every person in every household in the first instance by the PHST

**a.** Demographic data such as Name, Sex, Age (in four categories of less than 3 years, between 3 -15years, between 15-60, and more than 60years.)

**b.** High Risk factors: Co-morbid health conditions such as Hyper-Tension, Diabetes, Asthma, Tuberculosis, Cancer, chronic Liver / Kidney disease, Chronic Obstructive Pulmonary Disease (COPD), post-transplant persons, persons on treatment for HIV / AIDS, etc.

**c.** Presence of COVID related symptoms, such as: Fever, Dry Cough, Sore throat, Difficulty in breathing. If any of these symptoms are present, then the duration since onset of the symptoms. Anyone with history of fever and/or Dry cough/Sore throat for more than 3 days or sudden onset of breathlessness without previous history shall be immediately referred to the Secondary Health and Surveillance Team.

**d.** Special Attention shall be given to areas designated as Red Zones due to positive cases or where contacts of positive cases (contact tracing) are found. **Active surveillance shall be mounted in these areas in order to ensure symptomatic persons are identified and duly given medical attention.**

**Who is a High Risk Persons(HRP):**

**a.** Persons with Co-morbid health conditions such as Hyper-Tension, Diabetes, Asthma, Tuberculosis, Cancer, chronic Liver / Kidney disease, Chronic Obstructive Pulmonary Disease (COPD), post-transplant persons, persons on treatment for HIV / AIDS, etc.

**b.** Foreign return (FR)/Foreign Return contact(FRC)/ Primary contact of a positive case/ Persons who visited a high risk area/ Primary contact of high risk area returnee

**c.** Elders who are more than 65 years of age manifesting symptoms of Sore throat/ Dry Cough/Fever/sudden breathlessness.

**5.** **Data Management:** The data detailed above will be collected by the Primary Health Surveillance Teams (PHST) through the volunteer app while the follow up of Secondary Health Surveillance Teams(SHST) shall be uploaded to the web portal through MO Login in https://health.ap.gov.in/MAATHASISU/#. The data captured by the PHST on the Village volunteer app shall be reflected on the website. The MO of the SHST shall deploy the ANMs in the PHMT to verify the containment clusters, Symptomatic cases. The MO shall upload the follow up action taken i.e. advised home isolation of the person/ sample collection for testing symptoms on the web portal above with the help of digital assistants already deployed. The District Collectors/Joint Collectors/MRO shall use the dashboards for ensuring that the surveillance and contact tracing happens effectively without any shadow zones.

**6.** The data thus collected will be monitored by the District Collector with the assistance of the Mandal Health Surveillance Team for immediate follow-up action as per the Standard Operating Procedure (SOP).

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**Follow-up Action**

**7.** Based on the surveillance, the following action will be taken by the MO of the Secondary Health Surveillance Team (SHST) and under the overall guidance of the Mandal Health Monitoring Team:

**a)** All high-risk persons (HRPs) will receive a visit from the medical officer of the Secondary Health Surveillance Team who will ensure that the person is on appropriate treatment and is complying with the social distancing measures.

**b)** Individuals having symptoms that are likely to be positive for COVID-19 will be advised to undergo self-isolation at home for 14 days by the PHST. Besides, the case will be notified to the Secondary Health Surveillance Team (SHST) for further measures as per the established protocol.

**c)** For HRPs showing mildest symptoms suggestive of COVID-19 shall be shifted to the isolation facility for further examination and management/ testing.

**d)** Contact tracing of positive patient and quarantining the persons is essential component of COVID-19 suppression strategy. If more than one person in an area is exhibiting symptoms suggestive of COVID-19 with multiple contacts in contiguous areas, measures would have to be taken as per the protocol established for the management of 'red zone' by the district health team.

**Public Information and Behavioral Change**

**8.** Disseminating information about all aspects of the pandemic is critical for the success of this strategy and plan of action. All forms of communication- handouts, pamphlets, paper notification, television / FM radio, street corner loudspeaker announcement, house-to-house communication is critical. The information must encompass not only detailed information on the infection dynamics, but also the contact-details address, contact telephone, e-mail, web-portal of all functionaries from the Village level to state level who can be contacted at the shortest notice.

**9.** PHST and PHMT shall ensure not only the dissemination of the information about all aspects of the pandemic but also ensure that every measure prescribed is followed by the public as a way of life. Efforts by the teams on the encouraging behavioral change of the public is very critical in containment, control and prevention of COVID-19 among Community.

**Overall Management**

**10.** The overall responsibility for the effective management of COVID-19 response is placed on the Joint Collector responsible for survey and surveillance along with contact tracing/ containment strategy along with the DMHO concerned.

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**11.** To clarify further, the public health system is required to be strengthened for effective surveillance, follow-up action, dissemination of public information and causing behavioral change. This is sought to be achieved by setting up of a vertical structure as given in the annexure to this GO.

**12.** The Special Chief Secretary, Department of Medical and Health, will provide overall technical guidance, supervision and control over the COVID-19 management measures. The District Collectors shall be responsible for overall operational management of the details above.

**(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)**

**NILAM SAWHNEY**
**CHIEF SECRETARY TO THE GOVERNMENT**

To
The Principal Secretary to Government, PR&RD Department.
All Special Chief Secretaries / Principal Secretaries / Secretaries to Government.
The Commissioner of Panchayat and Rural Development.
The Commissioner of Municipal Administration and Urban Development.
The Director General of Police, Government of Andhra Pradesh.
All Head of Departments of Government of Andhra Pradesh.
All the District Collectors in the State.
All the Superintendents of Police in the State.
All the Commissioners of Urban Local Bodies.

**Copy to:**

All Advisors to the Government of Andhra Pradesh / Hon'ble Chief Minister.
All Officers of Chief Minister's Office.
The OSD to Dy.CM(H, FW&ME).
The P.S to Chief Secretary to Government.
The Spl.C.S to Government, HM&FW Department.
SF/SC.

**//FORWARDED :: BY ORDER//**

**SECTION OFFICER.**

(Contd…Annexure)

## ANNEXURE to G.O. Rt.No. 229, HM&FW (B2)Dept., dt.3.04.2020.

**I. Primary Health and Surveillance Team (PHST)**

1. ANM of the Sub Center will be the head of the PHST
2. ANM of Village Secretariat/s who will work under (1) above
3. ASHA of the village working in the Sub Center
4. Village volunteer/s will assist the ANM as team members

**II. Secondary Health and Surveillance Team (SHST)**

**PHC Level**

1. MO in charge of the PHC
2. Paramedical staff working under the PHC
3. House surgeon/ other private doctor where available shall be attached
4. One Staff of Village Secretariat (preferably sanitation related) attached at PHC

**III. Mandal Health Monitoring Team (MHMT)**

**Mandal Level**

1. MPDO of the concerned Mandal.
2. Programme officer/ Senior doctor deputed by the DMHO with MPDO Concerned.
3. Sub Inspector/Circle Inspector of police concerned.

**The jurisdictional area of the** :

**"Primary Health and Surveillance Team" (PHST)**will be at the Sub Center level comprising of all the Villages within the Sub center area. The Village Volunteer will necessarily do the survey along with the ANM/ASHA of the village.

**"Secondary Health Surveillance Team" (SHST)**, will be coterminous to the Medical Officer of the Rural PHC.

**"Mandal Health Monitoring Team (MHMT)"** will monitor all PHCs within the Mandal area.

**NILAM SAWHNEY**
**CHIEF SECRETARY TO THE GOVERNMENT**